

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-012021  
STATE FILE NUMBER

FILED MAR 23 1959 Registration District No. 347 Primary Registration District No. 6165 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <b>Stone</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Stone</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Hurley Twsp.</b>		c. CITY (If outside, give location) OR TOWN <b>Billings, Rt. #1</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>residence</b>		d. STREET ADDRESS (If outside, give location) <b>3 miles NE Hurley</b>	
Length of stay in lb <b>75 years</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>First BERTHA Middle JANE Last DAUM</b>		4. DATE OF DEATH Month <b>March</b> Day <b>2</b> Year <b>1959</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 12, 1883</b>
9. AGE (In years last birthday) <b>75</b>		10. FUNDER 1 YEAR <input type="checkbox"/> IF UNDER 24 HRS. <input type="checkbox"/>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>- - -</b>	
11. BIRTHPLACE (City and state or country) <b>Stone Co., Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
13a. FATHER'S NAME <b>Robert Wright</b>		13b. MOTHER'S MAIDEN NAME <b>Missouri Cox</b>	
14. NAME OF HUSBAND OR WIFE <b>William Amos Daum</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Mrs. Bessie Hanafin, Route #1, Billings, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Apoplexy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>5 days</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Arteriosclerotic Heart Disease</b>			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <b>1948</b> to <b>2-27-59</b> and last saw her alive on <b>2-27-59</b> Death occurred at <b>2:15</b> a. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Frank H. Hamrick M.D.</b>		22b. ADDRESS <b>Crane, Mo.</b>	
22c. DATE SIGNED <b>3-6-59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>3/4/1959</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Masonic Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Crane, Missouri</b>	
24. FUNERAL DIRECTOR <b>John H. Harris</b>		25. DATE RECD. BY LOCAL REG. <b>March 10-1959</b>	
26. REGISTRAR'S SIGNATURE <b>Rev Lena Murray</b>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed ..... *J. Dean Harris* .....

Licensed Embalmer No. *4390* .....

P. O. Address ..... *Clever, Mo.* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.